

**INCREASING MEN'S
INVOLVEMENT IN
REPRODUCTIVE HEALTH**

***Experiences of Women Centred
Health Project, Mumbai, India***



Women Centred Health Project

**Public Health Department of
Municipal Corporation of Greater Mumbai**

Society for Health Alternatives (SAHAJ)

Royal Tropical Institute

Other Publications :	1	'Gatha Stree Arogyachi' — a resource book on reproductive health for health workers (<i>Marathi</i>)
	2	Puja Roy, Women Centred Health Project, Prioritising Urban Women's Health Issues in a Public Health System, Mumbai, India , The International Council on Management of Population Programme (ICOMP), November 2001
	3	Paving the Way for RCH - Tools for Quality and Gender Mainstreaming
	4	Training Manual on Women's Health for Clinicians
	5	Training Manual for Counselling in Gynaecology Clinics
	6	Stepping Stones : Training Manual for Communication on Sexuality (<i>English and Marathi</i>)
	7	Counselling Services in the Gynaecology Clinic of a Municipal Hospital in Mumbai
IEC Material Produced :	1	'Mahiticha Bagicha' (<i>Wall chart on Reproductive Tract Infections, Marathi</i>)
	2	Pamphlet on RTIs (<i>Hindi and Marathi</i>)
	3	Pamphlet on MTP (<i>Hindi and Marathi</i>)
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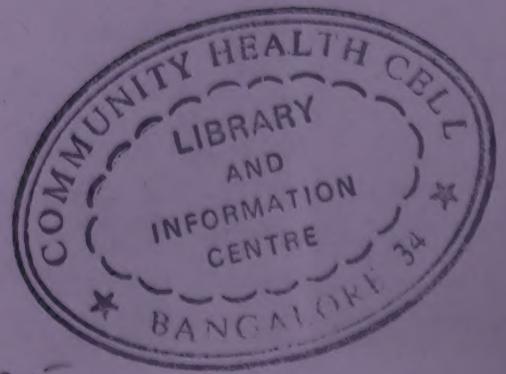
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GLOSSARY OF ABBREVIATIONS

AIDS	Aquired Immuno-deficiency Syndrome
AMO	Assistant Medical Officer
ANC	Ante-natal Care
ANM	Auxiliary Nurse Midwife
CDO	Community Development Officer
CHV	Community Health Volunteer
FTMO	Full Time Medical Officer
G/N	G/North ward (one of the 24 administrative units of the MCGM)
H/E	H/East wards (one of the 24 administrative units of the MCGM)
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
IPP-V	India Population Project – V
K/E	K/East (one of the 24 administrative units of the MCGM)
MB	<i>Mahiticha Bagicha</i> Informative broadsheet in Marathi on RTIs
MCGM	Municipal Corporation of Greater Mumbai
MIC	Men's Involvement Committee
MPC	Module Preparation Committee
MPWs	Multipurpose Workers
MTP	Medical Termination of Pregnancy
NGO	Non-governmental Organisation
OPD	Out-patient Department
PHD	Public Health Department
PHN	Public Health Nurse
PID	Pelvic Inflammatory Disease
PNC	Post-natal Care
PNDT	Pre Natal Diagnostic Test
RCH	Reproductive and Child Health
RH	Reproductive Health
RTIs	Reproductive Tract Infections
SS	Stepping Stones
SSC	Secondary School Certificate indicating 10 years of formal education
STI	Sexually Transmitted Infection
SAHAJ	Society for Health Alternatives
TB	Tuberculosis

PREFACE

Women Centred Health Project was a collaboration between the Public Health Department of the Municipal Corporation of Greater Mumbai (MCGM), Society for Health Alternatives (SAHAJ) – a non-governmental organisation based in Vadodara, Gujarat, and the Royal Tropical Institute (KIT, Amsterdam). The action research project was initiated in 1996 with the goal of providing women-centred, gender sensitive, quality reproductive health care services through existing municipal health care facilities.

Ensuring men's involvement in women's reproductive health was one of the strategies adopted by the project for gender sensitive reproductive health. The project worked with male health workers from the Public Health Department of the MCGM to reach men in the community. As this was a new area for the municipal health workers, the project focussed on capacity building activities for the male health workers.

In absence of guidance from similar earlier experiences, the project struggled through obstacles to reach male health workers, convince them of need for working with men for improving the reproductive health of women and to plan with them the interventions feasible for the Mumbai situation. Project duration of six years was just enough for the sensitisation and capacity building phase. However, the rich experiences of the project along the way give insights into the need for interventions designed specifically to reach men in the community and into the potential of male multipurpose workers in reaching them. This document is an account of the project's activities related to increasing men's involvement in reproductive health of women.

WCHP's work in the uncharted area of defining a role of male health workers in involving men in reproductive health was possible only because of the trust and enthusiasm shown by the members of the Men's Involvement Committee and the Module Preparation Committees formed by the project. Willingness by the male multipurpose workers and male community development officers in exploring the concepts of gender, sexuality, and reproductive health, and in translating the learnings into action through a training module for adolescent boys reaffirmed WCHP's faith in male health workers as change agents.

The project is grateful for the co-operation of ex- and present medical officers of health of the wards H/E, G/N and K/E — Dr. Balram Harale, Dr. Jayant Khandare, Dr. Kishore Harugoli, Dr. Pradeep Malviya, Dr. Siddiqui. Resource persons from the FPAI, Dr. Abhijit Das,

Mr. Satish Singh, Mr. Dinesh Pandey and Dr. Dinesh Singh (all from Sahayog), Dr. Brahmabhatt, Dr. Vitthal Prabu, Dr. Hiten Shah, Mr. Pramod Nigudkar and other resource persons took participant male health workers through re-examination of concepts of sex, gender, sexuality and reproductive health. Health care workers from health posts assisted in gathering data for the small studies conducted by the project. Dr. Bert Pelto gave feedback on baseline research carried out by WCHP. The project gratefully acknowledges their contribution. Each of these persons contributed in special ways to the project's efforts for developing strategies for increasing men's involvement in reproductive health of women.

Ms. Renu Khanna

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Ms. Korrie de Konning

1. INTRODUCTION

Women Centred Health Project was formed in 1996 to expand the range of and improve the quality of reproductive health services provided by the Public Health Department of the Municipal Corporation of Greater Mumbai. WCHP was an offshoot of an earlier research project (PID study) conducted by the Liverpool School of Tropical Medicine and Public Health Department of the Municipal Corporation of Greater Mumbai. The PID study explored clinical and social factors predisposing women from weaker economic strata from Mumbai to pelvic inflammatory diseases. During in-depth interviews women participants of the study expressed a need for treatment of reproductive health conditions closer to their homes and wanted health care providers to communicate with their male partners to facilitate women's adherence to medical advice. They felt that providers should talk to men partners especially in cases of sexually transmitted infections and where women were advised to abstain from intercourse for medical reasons. The study also showed that women did not have freedom to make decisions about their reproductive health and at times could not negotiate with their husbands. Women believed that health care providers could play a key role in convincing the men about importance of their role in women's reproductive health.

Discussions with health care providers showed that the health care providers especially men health care providers did not see a clear role for themselves in dealing with spouses of women health seekers. This prompted the Women Centred Health Project to explore strategies for increasing men's involvement in reproductive health of women. The project aimed to explore ways to enhance men's willingness to co-operate in preventing reproductive and sexual health problems that their partners might suffer from.

WCHP regarded men's involvement in reproductive health of women with caution. While shaping the activities for increasing men's involvement in women's reproductive health, the project has been careful to ensure that such information to men or men health care workers will not result in women losing control over their bodies and decision making processes involved in reproductive health issues. Second, WCHP visualised men's involvement in reproductive health as having a broader scope than the commonly understood 'male involvement is equal to promotion of vasectomies' notion. While the project recognised that men's own reproductive health needs are a part of men's involvement in women's reproductive health, considering the scope of the project and resources available to it, the project chose to work with male health workers from the PHD of MCGM. This choice of strategy was in line with the wider objectives of the project to expand range of RH services,

to improve quality of RH care at primary level health care facilities and to ensure mainstreaming by building capacity of municipal health care workers.

Box 1: Multipurpose Workers - Male: A Profile

- Minimum required qualification: SSC pass + Sanitary Inspector (1 year Diploma)
- On the job training: related to all national health programmes, none to enable them to work with men

Efforts of the project towards increasing men's involvement in reproductive health can be broadly categorised into – 1. Research, 2. Capacity building, and 3. Interventions. Gender sensitisation of men to understand the relation between gender, patriarchy, power, and reproductive health was placed at the centre of all efforts regarding men's involvement. The project focused on men health care workers as potential change agents. MPWs as representatives of a highly male dominant Indian society and those placed on lower rungs of a highly hierarchical public health care delivery system were a true challenge to work with. This strategic decision of the Project resulted in minimal interaction and intervention with men from community.

This document presents an overview of the process followed by the WCHP from development of concepts of 'men's involvement' to interventions specifically designed for the Public Health Department of the MCGM. Details about individual activities are presented in annexes.

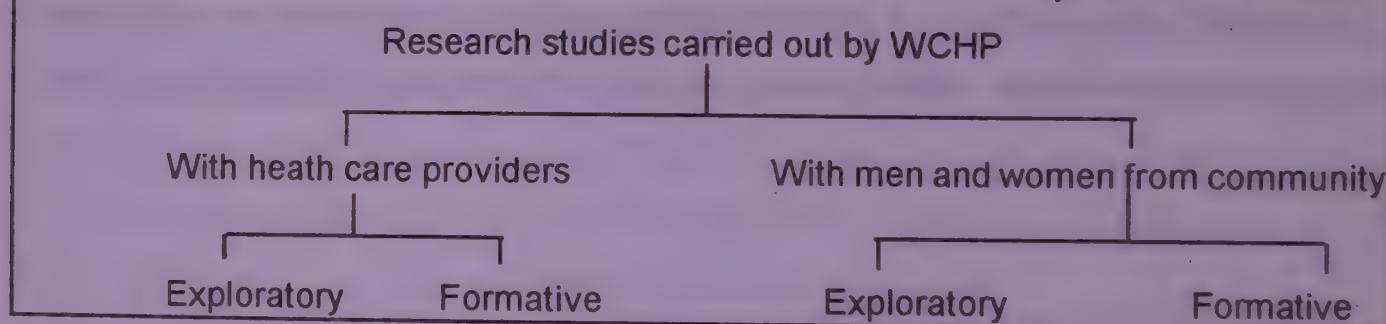
2. ACTIVITIES

2.1. Research

Research related to men's involvement in women's reproductive health conducted by the project was of exploratory nature and contributed towards development of perspective of the team members and MPWs working on this subject. For ease of discussion the research activities are divided into – (1) research with service providers and (2) research with men and women from community. Main objectives of all research activities were to explore present status of men's involvement in women's reproductive health, to explore scope for interventions by health care providers and to identify strategies for increasing men's involvement in women's reproductive health. The research activities can be grouped under two phases – 1. Exploratory and 2. Formative research for development of interventions.

Research conducted in the Exploratory Phase contributed to development of understanding of the team members about the issues around men's involvement in women's reproductive health. These included (1) interviews with providers to understand their perceptions about men's involvement, (2) focus group discussions with men and women from the community to explore their perceptions about men's involvement.

Box 2: Research related to men's involvement in women's reproductive health



Research in the second phase was used for developing interventions with MPWs. Interviews were conducted with men and health care providers to understand the barriers for men in playing an active role in women's RH. The project conducted small studies to explore men's knowledge and perceptions about reproductive health issues such as MTP, RTIs and ANC. Information obtained through these was used for developing gender sensitive interactive IEC material on these topics.

2.1.1 Research with health care providers - *Exploratory Phase*

In 1998 following the first brainstorming meeting, the project conducted indepth interviews with male Multi-Purpose Workers (MPWs) and Auxiliary Nurse Midwives (ANMs) to find out opportunities for MPWs to meet men during the course of their work. Seven MPWs from the

H/E ward and five ANMs were interviewed.

Among other issues, the interviews explored MPWs' perceived job description, perceived job satisfaction, MPWs' attitude towards men's involvement in women's reproductive health and suggestions for working with men on RH issues. This study aimed at getting an insight into the present role of MPWs in the health system and the potential of MPWs in provision of RH care.

Salient findings of the study

Specific activities for involving men in reproductive health of women or absence of these from routine tasks of MPWs were not mentioned by MPWs and ANMs during the interviews.

ANMs as well as MPWs were divided over whether men should be involved in reproductive health of women. Some ANMs felt that it was important but others were concerned that knowledge about women's reproductive health would give men more control over women's bodies.

MPWs' reasons for supporting men's involvement in women's reproductive health and opposing the idea were different from those of ANMs. One MPW would like men to take initiative in contraception but the approach is that of a 'benefactor' rather than that of a partner. "...*women get married at a tender age and give birth to one child every year if the man does not take initiative*". Another reason cited for involving men was "*when in good health women can look after household duties*". One MPW opposed the idea of involving men in women's reproductive health, "...*men work like bulls and it is not fair to them to expect them to look after all aspects of life*". Discussion around this issue reflected the gender and rights insensitive views/attitude of the men health workers. These findings highlighted a need for sensitising them to the concepts of gender and health.

As reflected through the interviews, insensitivity towards rights of clients is not limited to rights of women but extends to the men from the community. One MPW reported motivating a man for acceptance of contraception if he "*belonged to socio-economically weak household or was unemployed or with addictions*".

To explore their attitude towards their designated duties and perceived need for increasing job satisfaction, the ANMs and MPWs were asked about their roles as perceived by them and whether they were satisfied with their jobs. Very few (one ANM and two MPWs) responded to this question. An ANM expressed dissatisfaction because of her job being

'more clerical than technical' and because of '*the limited scope for application of training*'. Two MPWs who answered the question were satisfied with their job. MPWs said that they liked helping people and talking to them not only about health but other issues as well. Lower expectations from their own job, lack of clarity about potential role in reproductive health care and power position as compared to the men and women from the community might be responsible for this apparent satisfaction.

It was apparent from the interviews that in their present work situation, MPWs have few opportunities to interact with men. MPWs reported talking to men when they (men) accompanied children for immunisation. They also reported that sexual and reproductive health issues were not discussed during these brief interactions. Work hours of health care providers that coincide with work hours of most men from the community was the most difficult obstacle in reaching men. Some MPWs felt that attitude of men towards health care workers limited opportunities for working with men. Men either looked down upon MPWs and made fun of them or dismissed them and disregarded their advice regarding contraception. In general, MPWs found men to be unresponsive and close minded to advice for contraception. This also reflects the low self-esteem and insecurity of male health workers in approaching men. Organising meetings to discuss various health issues with men at timings convenient to them was suggested as a strategy for involving men in reproductive health.

These interviews gave the team an insight into the needs of the health care providers. The discussions during the interviews indicated an urgent need for sensitisation of male health care workers to the concepts of gender and health and role of men in women's reproductive health. It also highlighted the need to build self-esteem, knowledge and skills of MPWs to create a better standing in the communities that they work with.

Indepth interviews with five CHVs showed that CHVs did not interact with men as men were away from homes when they went for home visits. Most CHVs found men to be rude. But some men who knew them approached them for their wives' problems. Like ANMs and MPWs, CHVs also reported that ad-hoc programmes took up most of their time and they could not pay enough attention to their routine work. CHVs therefore felt that they could not contribute to the activities for increasing men's involvement in women's reproductive health.

Interviews with health care providers were useful in deciding the direction of proposed work with MPWs for increasing men's involvement in women's reproductive health. During the course of interviews the providers indicated a need for involving men in reproductive health.

But the interviews also documented MPWs' lack of perspective on men's role in reproductive health. It was also clear from the interviews that the health care delivery system had so far neglected 'men' from reproductive health care. The national programmes lacked concrete components for dealing with men and reproductive health and the health care delivery system on its part had never carved out a clear role for men workers in a national programme for family planning or family welfare. These interviews were useful in identifying training needs for such health care providers.

2.1.2 Clients and partners - *Exploratory phase*

Documentation of men's role in women's reproductive health and women's expectations

Simultaneous to the interviews with the health care providers, a study protocol was developed for exploring men's role in women's health and to find out from women, areas where they expected men's involvement and for exploring feasibility and scope of interventions by men health workers in encouraging men's involvement in women's reproductive health (Annex 1). Two men and 11 women were interviewed using this guideline. The findings were discussed with an expert in qualitative methodologies (Dr. Bert Pelto). It was suggested that the next step in the research could be free-listing of women's responses regarding men's role and tasks done by men in women's health situations and documentation of obstacles faced by men partners (husbands) accompanying women to hospitals. Based on the feedback, the guideline was modified twice and field-tested.

The modified guideline was used to interview couples to understand the process of decision making and husbands' role in women's health. Women in post partum period (who had given birth within the three months prior to interview), those who had accepted contraceptives, and those seeking treatment for gynaecological conditions were identified from the health posts and out patient clinic of secondary general hospital. Women and their husbands were interviewed separately after seeking consent from the women. The team found it difficult to contact the male partners (husbands) of women recruited in the study despite the flexible timings. Fourteen women and six men were interviewed using the guideline revised in January 2000.

Interviews showed that four women and six men were not provided with any information about the procedures that the women underwent. All men interviewed for the study knew of their wives' health condition / health problem and generalised these problems to be problems of all women, "...she had a severe backache, but it was normal and was cured after treatment", "... delivery was caesarian and was normal".

Providing financial support to the family and the wife – both generally and in ill health condition — was considered to be a husband's duty and women expressed satisfaction when men played their role – “*he looks after the family, earns enough to feed us*”. Five of the eight men respondents reported taking responsibility for supporting their wives and family financially.

Accompanying women to dispensaries, sharing household chores either routinely or because of women's health condition was regarded as physical support by the women. Some of the respondent men reported sharing the household duties even when other women members were present in the family.

Women expected their husbands to provide emotional support - to share their feelings. Although the study failed to elicit a clearer understanding of respondents' perception of the term 'support' and related actions, in the case of a couple seeking treatment for infertility, reassurance by the husband that 'he would not marry again' was interpreted as emotional support by the wife. Women appreciated when their husbands visited them at hospital. Four of the eight men reported that they provided emotional support to their wives.

Six (out of 14) women and three (out of eight) men discussed decision-making regarding contraception. Four women and three men reported that the decision about the number of children and the contraceptive method was made by the couple. In case of two women the decision was influenced by family members and one woman reported that the decision was made by her husband.

As mentioned above, the findings of the study were reviewed by an expert in qualitative methodologies (Dr. Bert Pelto). It was suggested that the project focus on decision-making processes, as this was an unexplored area in reproductive health. Various technique and tools were suggested for ensuring data regarding sensitive topics such as reproductive and sexual health. Considering its objectives, the project decided to concentrate on working with the male grassroot workers to enhance their capacity to address male and female sexual and reproductive health issues and concentrate research efforts on formative research for this.

Study to document barriers to men's involvement in women's health

Earlier findings showed that men believed 'accompanying to hospital' is a gesture of emotional support. Yet observations at the hospital indicated that very few men came to hospitals with their wives and even when they came, they did not appear to be actively involved in the

process of health seeking. An exploratory study was carried out to understand barriers experienced by men in participating in the health seeking processes for their wives' reproductive health conditions. 42 men who had accompanied their wives to the gynaecology and obstetrics outpatient clinic and three health care providers (two doctors and one attendant) from the same outpatient clinic were interviewed over a period of six weeks ((between fourth week of November 2000 to first week of January 2001).

Box 3: Barriers faced by men at health care facilities - Issues explored

1. Reasons for men accompanying women to the hospital.
2. Perceptions about men's involvement in women's health.
3. Perceptions related to helping and supporting the wife.
4. Communication between husband and wife.
5. Opinions about allowing men inside the OPD.
6. Interactions with the doctor / information giving.
7. Difficulties to meet the doctor

Seven out of 42 men reported that they were asked by their wives to accompany them to the hospital. One third (14) of the 42 felt that they should have been involved in the consultation process. Of the 42 men interviewed for the study, only one man had talked to doctors. Other men, though they wished to know details of the consultation, did not want to try to enter the outpatient clinic to talk to doctors.

Discussions with the doctors at the gynaecology and obstetrics out-patient clinic showed that the doctors believed that if motivated, men can play a significant role in women's reproductive health. They can have a supportive attitude, take responsibility for family planning and provide economic support.

Box 4: Reason for accompanying wife to the OPD: Men's perspective

- Asked by wife
- Financial support (when need for money is foreseen)
- Physical support ('running around' for completing the procedures for admission or investigations, when women were not familiar with the hospital)
- To facilitate wife's communication with doctor (if the woman had a language barrier)

2.1.3 Formative research for developing interventions

Health Care Providers and men and women from community

In 2001-2003, focus group discussions and interviews were conducted to explore information needs of men regarding reproductive health specifically RTIs, MTPs, infertility and ANC. Information generated through these helped the project in development of interactive IEC material on these topics.

Group discussions with MPWs and ANMs on issues around RTIs, ANC, MTP, infertility showed that the providers lacked perspective about 'men's involvement in women's reproductive health'. Technical knowledge of the MPWs was also found to be inadequate. The findings of the study indicated a strong need for capacity building of the MPWs.

Box 5: Key findings from focus group discussions with men, women, ANMs and MPWs on Men's Role in ANC

- Men, women, ANMs and MPWs had specific questions about sexual relations during pregnancy that would not harm the pregnancy.
- Views of men and women on whether couples should have sex during pregnancy differed – women would prefer men to understand their discomfort. Some men felt it was alright to have intercourse with the consent of the partner.
- Few MPWs and men could state alternatives to intercourse for sexual satisfaction. Some men were strongly against non-penetrative sex and labeled those adopting the methods as '*less manly*'.
- Types of violence faced by pregnant women were ranked as (1) forced sex, (2) verbal abuse and (3) beating by husbands.
- MPWs admitted to never having helped their wives during pregnancy.
- Most men from community were of the opinion that pregnant women need 2 to 4 hours of rest during the day and men should help their wives whenever possible. However, only four out of 69 women reported being helped by family members or husbands during pregnancy. Women expected husbands and family members to help with the chores.
- Accompanying wives to ANC clinics is regarded as a way of 'supporting' women.
- MPWs lacked perspective on gender and involving men in ANC and were not aware of gaps in their knowledge.

Two focus group discussions on MTP explored men's knowledge about MTP, why it is done, the methods, risks in MTP, preparations for MTP, care after MTP, and awareness about MTP and PNDT Acts. Men in both groups were aware of the PNDT Act and knew that the Government has recently banned sex selective abortions. According to both groups '*people go for abortion if they have one or more daughters and know that the foetus is a female too*'. This according to them was the most common reason for seeking abortion. Otherwise MTP is used in lieu of contraception and therefore according to the participants of the FGDs '*it is more common among those who want to limit family sizes but do not know of any contraceptives*'. None of the men from both the groups were aware of '*how MTP is done*' (methods of MTP). However all of them believed that MTP was a risky procedure that could lead to an infection, affect the uterus and could prove fatal for the woman. The participants felt that use of contraception was the only way of avoiding MTP. But had varied opinions on who made the decisions – about use of contraception and about choosing MTP. Some participants believed that women have little say about use and choice of contraception and husband or family members dictate the decisions. According to one participant, the decision about MTP should be husband's '*if he has acted irresponsibly / has had intercourse without her consent*'. Men who participated in the FGDs expressed need for information on accessible, safe, inexpensive, side-effects free contraceptives.

Box 6 : Focus group discussions with men on MTP

Men had inadequate information on

- How MTP is done./ Procedure/s for MTP
- Effects of MTP on woman's body
- Care after MTP
- Right time to seek consultation if MTP is desired
- Who can sign the consent form for MTP?

Men would like to have more information on

- Accessible, safe, inexpensive, side-effects-free contraceptive

2.2 Capacity Building

Capacity building activities of the project aimed at building perspective of the health care providers and WCHP team members, and mainly consisted of training workshops to introduce the health care providers and team members to concepts of gender, sexuality, patriarchy and communication skills related to these concepts. Capacity building activities for the project team and those for health care providers are presented separately.

2.2.1 Capacity Building for WCHP Team

In the initial phase of the project, in 1997, with little material to fall back on and little guidance regarding process to be followed to meet the stated objectives of the project, the team reviewed available literature on men's involvement in women's reproductive health and organised a brainstorming meeting to develop a clear perspective on the issue.

Reasons for involving men in women's reproductive health were discussed. Team members agreed that as decision-makers in the households, men play a key role in treatment seeking process of women. Men's lack of awareness about reproductive tract infections and sexually transmitted diseases increase women's risk of contracting these diseases. Also, men have unmet needs regarding sexual health and they need to be addressed for their own sake.

Box 7: Importance of men's involvement – WCHP's perspective

- Men play a key role in decision making and influence women's decisions regarding reproductive health
- Poor knowledge about causes, spread and prevention of RTIs increases women's risk of contracting the diseases
- Public health system provides little space for men to seek consultation and treatment for their reproductive health needs

Importance of sensitising men not only as partners but also as health care providers to issues related to women's reproductive health was discussed. Interventions were suggested to increase men's participation in contraception, in treatment for infertility and sexually transmitted diseases. Exploratory research around men's role in various reproductive conditions of women was proposed to help the team enhance its understanding. The findings of the research studies were later discussed with consultants experienced in working on issues of men's involvement. These consultations helped team members to gain a better understanding of methodological issues and various techniques and tools used in qualitative research.

Orientation to the concepts of sexuality and gender and their effect on women's health is crucial for understanding and defining men's role in reproductive health. Team members were encouraged to attend various workshops to build their perspective. (Annex 1)

Members of the WCHP team participated in discussion meetings held by other NGOs. WCHP participated in the resource group formed by other NGOs to identify strategies for

working with men and for developing a training module for working with men.

Considering the strategic position of the project within the PHD and its commitment to building skills of health care providers, and expanding activities required to reach out to men in the community, the project decided to focus on male health care workers as change agents to reach out to men.

2.2.2 · Capacity Building of Health Care Providers

A gender review of health care services revealed a lack of gender equity in the system itself. Interactions with ANMs, PHNs as well as administrators give an impression that ANMs by virtue of their training are entrusted with more responsibilities than MPWs and are also held more accountable. MPWs are generally regarded as 'support staff' rather than key health care providers. MPWs on the other hand expressed dissatisfaction about the secondary status assigned to them and the lack of expectations by administrators.

In the initial phases of the project, involvement of the MPWs with the employees' unions and the strong position that the employees' unions hold in MCGM acted as deterrents in initiating new activities with MPWs and therefore indirectly limited capacity building opportunities for MPWs. The demotivating secondary status of the MPWs resulting from being a male health care provider in a completely woman-oriented reproductive health programme and the strong union stances developed into a self reinforcing spiral continuously leading to lower expectations of the administration and further demotivating the MPWs. As a result, MPWs with innovative ideas find limited forums for expressing themselves thus leading to frustration and demotivation.

Box 8: Excerpts from report of External Evaluation of Women Centred Health Project by Dr. Sundari Ravindran

... Explaining their initial resistance to WCHP activities, the MPWs said that the very name 'Women Centred Health Project' conveyed to them an exclusion of men. They were also weary of increased workload, because ever since their recruitment as MPWs as part of IPP-V, all they had seen was an addition to their workload without any investment in their development. WCHP's organising numerous training workshops for MPWs made them realise that 'there was also something in it (WCHP) for us'.

male multipurpose workers (MPWs) and male community development officers (CDOs) from the MCGM.

MPWs form the first link between men from the community and the health care delivery system of the MCGM. MPWs – recruited during the IPP-V are the only male outreach health workers in the Public Health Department. The job description of the MPWs, same as that for ANMs, includes home visits and encouraging clients for acceptance of contraception. The job chart however does not specify any specific activities with men and adolescent boys. Neither does the training cell of MCGM recognise special training needs of male health care providers. MPWs have received training for vertical National Health Programmes such as TB Programme and Pulse Polio campaigns. But the potential of the male health workers for working with men has been largely untapped. CDOs are the trained social workers from the municipal health care system and supervise the work of the MPWs. They were involved in the process to ensure sustainability of the capacity building process beyond the duration of the project.

In the initial phases (1998) the project organised training workshops with MPWs for perspective building on women's reproductive health and to brainstorm on MPWs' role in provision of RH care to women. Following these workshops, a discussion was held with MPWs from the project wards to explore further training needs and to assess their willingness to work on issues of men's involvement in women's reproductive health. MPWs recognised the need for talking to men about issues related to reproductive health of women and also expressed that they needed specific skills to discuss sexuality and reproductive health with men.

A workshop on Sex Education, Sexual Dysfunction and Sexuality was organised for MPWs from both the project wards (November 2000 and September 2001). Following this workshop, over the years, a series of workshops were organised to orient MPWs from both the project wards to the concepts of gender, sexuality and its effect on health. The workshops sensitised MPWs towards various issues related to sexuality. Pre-post workshop evaluation showed positive changes in understanding of issues around sex and sexuality. This was the first exposure for the MPWs to these concepts. Breaking their defence against 'feminism' was a challenge.

The pre- and post-tests explored participants' views about gender, homosexuality and masculinity. Response to statements that assessed information showed more positive change as compared to those reflecting attitudes. The participants were divided in their

opinion on homosexuality. Thorough discussions in the workshop stimulated some to re-explore their stand while most remained convinced that homosexuality was an unnatural phenomenon. Response to discussions on masculinity was of more positive nature.

19 out of 23 participants who filled the evaluation form felt that the 'Gender and Facilitation Skills' workshop fulfilled their expectations. Importance of creating environment that is free of gender discrimination (5) and change in attitude towards women (7), were among the most important learnings reported by the participants. Participants came out of the workshop with a number of questions about feminism and wondering what can be done to end male dominance. They would like to discuss them later.

Box 9: MPWs' experiences of training workshops

- All participants were initially apprehensive about the topics of the workshop and the complex issues that might be discussed. They were worried that the residential workshop would be boring and it would be difficult for them to concentrate on learning. None of them knew what gender' meant. Participants were anxious about 'being among total strangers'. They wondered whether it would be possible for them to be students, whether all participants would actively participate in the activities, would there be any efforts to disrupt the workshop. One participant thought that the workshops would discuss issues related to men and women in detail.
- Participants found all topics in the facilitation skills workshop to be interesting. These were related to work as well as personal lives of the participants. The workshop was conducted in a 'free' environment. Participants obtained in-depth information on topics such as violence against women. All participants reported that the workshops boosted their confidence. One participant reported facing problems because of use of Hindi as the language for workshop.
- Participants said that learnings from the workshops could be applied while establishing rapport with community. The workshops increased solidarity / team spirit amongst the colleagues. Discussion on skills for group discussion gave them confidence, and decreased the anxiety experienced while talking to a group. This information they felt will prove beneficial in day-to-day life. They said that they received guidance about how to interact with people, how to go about self-development. One participant reported improvement in relations with family members. Personal skills were sharpened, they said.
- Participants reported that it is necessary to conduct such workshops for common people, health care workers who conduct health surveys and even for family members of health care providers. This would help ease inter-personal tensions, give comprehensive information about health, fulfil information needs and improve inter-personal communication.
- Participants felt that information about and practice of role plays is necessary. Health workers would like to have knowledge about relevant laws. They would like more discussion on counselling, working with adolescent boys, theatre forum.
- Participants were of the opinion that this workshop should be residential and participatory techniques should be used.

(These are compiled from an exercise to document the experiences of the male health workers, who had participated in various workshops organised by WCHP. MPW participants were divided into pairs and were asked to interview their partners about their experiences of the workshops. Two interviewees had attended workshops on 'Gender and Health' and 'Facilitation skills'. Three interviewees had only attended workshop on 'Facilitation Skills'.)

Box 10: Excerpts from report of External Evaluation of Women Centred Health Project by Dr. Sundari Ravindran

... The MPWs felt empowered by the gender and health training and the training on counselling skills. They had developed a number of other skills that gave them tremendous confidence as community workers. These included skills such as conducting focus group discussions and planning and enacting street plays, facilitating training for adolescent girls and collecting case-study materials and problem solving. One MPW said that he was no longer embarrassed to talk about contraception and sexual health issues, while another stated that earlier he would never talk to women, but now he had developed the confidence to do so.

Two training workshops received repeated mention — one conducted by Dr. Abhijit Das and Satish Singh on Gender and Health, and the other, the Stepping-Stones training on communication about sexuality in the community. The first was appreciated because “the facilitator threw out the plan he had made for the training and addressed our issues”. The Stepping-Stones (SS) training was a major life changing experience for many of them, and several MPWs said that the training had changed their attitude and behaviour towards their mother, wife and children. ... MPWs and CDOs I met felt that participation in the SS training had changed the attitude of the doctors to MPWs and CDOs; they now respected them and their views more and treated them as colleagues rather than as subordinates.

MPWs also participated in a training workshop for using an informative broadsheet on reproductive tract infections called *Mahiticha Bagicha*. The project believed that this training would enable the MPWs to conduct sessions of MB with men from community. When the MPWs could not conduct the sessions, reasons were explored. In the follow up meetings, the MPWs expressed the need for technical information and skills for conducting health education sessions with men in the community. In response to this, the project conducted the workshop on facilitation skills.

Box 11: Experiences of a participant of Facilitation Skills Workshop organised by WCHP

... On the first day of the workshop the participants discussed Hindi feature film 'Aastitva'. It was an interesting debate and we lost track of time discussing the issues presented in the film. At the end of discussion Dinesh (facilitator) gave relevant information on need for social reforms in a patriarchal society.

All sessions in the workshop were conducted in a participatory way. The session on 'Trust' gave me experiences that will remain with me forever. An important lesson that I learnt at this workshop was that feedback should not be given unless it has been asked for. In a discussion one should not interrupt other person while s/he is talking.

We were taught about the technique of group discussion through demonstration. In a group discussion there is one facilitator, one moderator and one recorder. In the beginning every participant wanted to be the facilitator (facilitator did not have control over the direction of discussion). Satis (resource person and facilitator) brought this to our notice and I will always remember this. Developing case study was interesting and we learnt a lot from it....

Sunil Kambli (MPW)

From Newsletter Samvaad - Special Issue on Men's Involvement, March 2003.

In 2001 a training program on Sexual and Reproductive Health for out school adolescent girls was implemented by the PHD of MCGM. All medical officers and PHNs were trained to conduct a three-day training for adolescent girls. Training program covered topics such as anatomy and physiology of female body, physical, emotional changes at puberty, conception and contraception, importance of assertiveness and negotiation skills. Participant girls were then encouraged to share their reproductive health problems with the health care providers and were either offered treatment at the health post or were referred to appropriate facilities. Feedback showed that the participants found the contents of the training programme useful and appreciated space for seeking clinical advice and counselling for their problems.

MPWs had assisted the medical officers and PHNs in conducting these programmes for adolescent girls and were convinced that a similar programme was necessary specifically for adolescent boys. They felt that adolescent boys were denied opportunity for exploring issues around sexuality and reproductive health. Some members of the MIC volunteered to

form a subgroup called Module Preparation Committee (Annex 3) to develop a draft of training module on reproductive and sexual health for adolescent boys. The project supported the Module Preparation Committee by providing reference material and guidance for process of development of the module. This activity was an opportunity for the MPWs to apply knowledge acquired through various workshops and demonstrated the ability of the MPWs to develop innovative interventions (Annex 5).

Foreseeing the need for pre-testing the training module for adolescent boys, the MPWs initiated formation of boys' groups in their respective communities. Two out of the six MPWs were able to sustain the group over several weeks. Discussions were conducted with these groups to identify their information needs. This exercise helped the MPWs recognise their strengths and weaknesses in the area of community building. Organising and conducting / facilitating discussions about various reproductive health issues and using the *Mahiticha Bagicha* (informative broadsheet on reproductive health) gave them an opportunity to practice the principles learnt at workshop and helped boost their confidence.

Box 12 : Experiences of MPWs in conducting focus group discussions using 'Mahiticha Bagicha'

Difficulties

- At times men were not aware of the anatomy of reproductive system and hence further discussion on infections of this system seemed pointless.
- Discussion takes too much time. Men are not willing to wait that long.
- Group did not get 'involved' in the stories when facilitator read them out.

Suggestions to overcome difficulties

- A session on body mapping should be conducted either separately or along with the session on *Mahiticha Bagicha*.
- The facilitator should encourage participants to read the broadsheet so that they are more involved in the stories.

MPWs from the project wards and other wards were encouraged to participate in Counselling Skills Enhancement workssshops and Stepping Stones Programme (SS) conducted by the project. Six MPWs from MPC/MIC participated in the SS workshop. Facilitators of SS Workshop found these MPWs to be more sensitive towards the issues related to sexuality and gender. Scores of these MPWs in pre- and post- tests for seven questions on issues related to 'gender' were compared with those of other MPWs (8). For MPC/MIC members

the score in pre- test ranged from 5 to 6 (average 5) and in post- test scores ranged from 5 to 7 (average 6). For other MPWs average score in pre- test was 3 and that in post- test was 5.

Table 1: Pre and Post test scores for Stepping Stones Workshop					
Maximum possible score		MIC/MPC members		Other MPWs	
Gender	7	Pre	5	3	
		Post	6	5	
Total	72	Pre	50(69%)	36(50%)	
		Post	56(78%)	45(63%)	

Participation in a number of workshops on perspective building helped MPWs examine their gender discriminatory attitudes and explore ways for bringing about changes. As reported by the participants this reflective process helped them bring about changes in their personal as well as professional lives. Details of investment by WCHP in human resource development are presented in Annex 4.

2.3 Interventions

Interviews with men and women from the community brought out the existing and desired 'role' of men in women's reproductive health. The studies showed that lack of information among women about their bodies and health and inadequate information about the medical procedures that they might undergo, hinder their decision-making related to reproductive health. Lack of information among men becomes an obstacle for those men who want to be actively involved in health seeking processes of their women partners. Traditional norms about the husband's role prevent men from providing emotional supporting their wives by expressing concerns, sharing feelings and initiating dialogue for making decisions related to reproductive health issues. Male health workers represent the same society and share views similar to those of men from community. Patriarchy perpetuated through the society and through the health care delivery system shapes MPWs' attitudes/perspective and therefore their actions regarding men's involvement in women's reproductive health. As a first step towards developing interventions for increasing men's involvement, MPWs were introduced to the concepts of sexuality, gender, patriarchy and their relation with reproductive health.

Interventions by the project regarding men's involvement include 1) establishing of MIC and MPC, 2) development of training module on Reproductive and Sexual Health for Adolescent Boys, 3) health information sessions on reproductive tract infections conducted for men and adolescent boys by the MPWs, 4) placing of MPWs at the counselling and information centre at the gynaecology OPD at a secondary general hospital, 5) partner follow up when required for women seeking services for RTIs.

2.3.1 Establishing of Men's Involvement Committee (MIC) and Module Preparation Committee (MPC)

Following the initial workshops on sexuality and reproductive health a Men's Involvement Committee was formed. 11 out of 25 MPWs from the project wards (H/E and G/N) volunteered to be members of this committee. CDOs of both the wards were also invited to join the committee. The committee served as a forum of MPWs to share their learnings and difficulties related to men's involvement in women's health. It also served as a forum for acquiring new information on various topics related to reproductive and sexual health. Since its inception, the MIC met regularly for around three years. The group discussed the potential role of MPWs in the RCH programme and barriers to men's involvement in treatment of women's reproductive health conditions in an institutional setting. The forum was also useful to discuss training needs and expectations from the training programmes planned for the MPWs. Discussions at these meetings were valuable in shaping the activities related to men's involvement in women's reproductive health. MPWs from wards other than the project wards expressed interest in working on the issues related to men's involvement in reproductive health and volunteered to be the members of the MIC. (Annex 2)

Box 13: Key outcomes of discussions at the meetings of Men's Involvement Committee

- Giving information to men about reproductive health issues of women was perceived to be one of the ways of involving men in women's health.
- Men lack knowledge about their own bodies and this contributes to their irresponsible sexual behaviour
- Inability to contact men during the work hours was seen to be the largest obstacle in reaching men, MPWs held 'duty hours of 9 to 5' responsible for this.
- MPWs did not feel comfortable talking to groups of men about reproductive health issues. They expressed need for inputs to develop technical knowledge about the issues as well as relevant skills for conducting group sessions.
- Members of the Module Preparation Committee suggested that the project should provide relevant reading material to them.

reviewed and it was decided to develop a training module for Reproductive and Sexual Health specifically for urban boys. MIC members were guided through the process of developing a training manual. A smaller group of MPWs and men CDOs volunteered for development of the training module. This group – a subset of MIC – was called Module Preparation Committee (MPC). The members of the MPC reviewed existing manuals brainstormed and developed a draft of the training module (Annex 5).

The draft module was presented to a group of experts with experience of working with men and adolescent boys. The contents were revised as per the feedback and the module finalised.

2.3.3 Health information sessions on reproductive tract infections conducted for men and adolescent boys by the MPWs.

Following the workshops on gender and health and communication skills, some members of the MIC formed groups of adolescent boys. MPWs with support from the project team conducted an exercise for needs identification regarding reproductive health. Such sessions

Box 14 : Why is it important to work with adolescent boys?

MPWs' perspective

- Will be useful to provide a healthy perspective towards reproductive health.
- Can address their curiosities, fears, incorrect information. Lack of reliable source of information on these aspects could lead adolescents to risky sexual behaviour. A programme for adolescent boys could address this issue.
- Wrong information and myths about sexual act and related issues can push adolescent boys towards depression. It is important to provide a free environment to discuss reproductive and sexual health with them. This information will not only help them but the boys might also convey to their friends.
- To prevent risky sexual behaviour.
- Incorrect or inadequate information on sexual health leads to many problems among the adolescent boys from the community that can adversely affect their lives and destroy the lives of their family members.
- Adolescence is a period when life values are being formed. This also is the period when boys are in search of a role model and are easy to influence. Work with adolescent boys will prevent them from straying under the influence of media.
- To explain the physical and psychological changes in puberty to address myths.
- To explain reason behind attraction towards opposite sex and effects of irresponsible sexual behaviour.

(Compiled from an exercise conducted during one of the meetings of MIC.)

The draft module was presented to a group of experts with experience of working with men and adolescent boys. The contents were revised as per the feedback and the module finalised.

2.3.3 Health information sessions on reproductive tract infections conducted for men and adolescent boys by the MPWs.

Following the workshops on gender and health and communication skills, some members of the MIC formed groups of adolescent boys. MPWs with support from the project team conducted an exercise for needs identification regarding reproductive health. Such sessions were also followed up by information sessions on reproductive health issues. These interactions with groups provided MPWs with opportunities for assessing their own skills and identifying lacunae in terms of information or skills.

Following the training for conducting focus group discussions using the informative broadsheet '*Mahiticha Bagicha*', the MPWs were asked to organise and facilitate such group discussions. Representatives from WCHP attended the sessions and provided support to the facilitators. MPWs found that many men and adolescent boys from the community did not have adequate knowledge about male and female anatomy of reproductive system and therefore were unable to participate in a discussion on infections of reproductive system. Facilitators also found it difficult to keep the group focussed on the discussion. Discussion on RTIs was at times followed by questions on AIDS or technical aspects of other reproductive health conditions that MPWs found themselves inadequate to respond to. WCHP provided the MPWs with reading material and encouraged self-study followed by discussions.

2.3.4 MPWs at the counselling and information centre at the gynaecology OPD at a secondary general hospital.

MPWs from the project wards and MPWs from other wards who were members of the MPC and MIC were encouraged to participate in the counselling skills enhancement training organised by WCHP. Following the classroom training, each of the MPWs was placed at the information and counselling centre for a period of 15 days. Over a period (January 2001 – December 2002), MPWs at the centre have provided counselling and information services to 180 men accompanying women to the gynaecology outpatient clinic. Decision-making regarding contraception, infertility and MTP, were the most commonly discussed issues. MPWs also provide information to men about various RH conditions of women. Men interviewed during the end of evaluation of the centre have expressed satisfaction about the services. The MPWs however need ongoing support for refreshing their technical as well as counselling skills. (For details please refer *Counselling Services in the Gynaecology*

Clinic of a Municipal Hospital in Mumbai, 2004).

Table 2 : Clients counselled at Counselling Centre at Gynaecology Out-patient Clinic

Period	Clients Counselled	
	Women	Men
January – June 2002	108	12
June – December 2002	283	113
January – June 2003	246	46
July – December 2003	370	15
Total	1007	186

Analysis of counselling records for men

Analysis of records for 180 men counselled by MPWs at the counselling centre at V N Desai Hospital showed that though some men counselled at this centre had approached counsellors on their own, most men were referred by the doctors for explanation of reports of investigation or were referred by female counsellors when the women counselled expressed need for their husbands to be involved in the treatment seeking process. 127 of the 180 men asked one or more questions to the counsellors. It was observed that men expected technical information about their wives' / female relatives' medical condition from the counsellors. In addition the men asked for information on services available at the hospital, diet, their (men's) role in reproductive health conditions. 34 out of 127 men asked questions seeking reassurance or expressing concerns about the health of their wives. Seven of the 127 men (6%) sought information that was not related to their wives' gynaecological or obstetric conditions. This reflects the need for forums for men where they can have access to reliable information and confidentiality.

Table 3: Questions by men counselled at the counselling centre at gynaecology out patient clinic at V N Desai Hospital (for three most reported reasons for seeking counselling)

Reason for seeking counselling	Queries related to		
	Technical information	Concern/ reassurance	Intercourse
ANC (n = 36)	52	13	16
MTP (n = 28)	41	9	2
Contraception (n = 10)	9	—	1

MPWs were also asked to record the difficulties they faced in counselling men. Difficulties were documented for 41 out of 180 counselling cases. Analysis of these records point towards need for ongoing training inputs to the MPWs.

**Box 15 : Difficulties faced by counsellors in VN Desai
counselling centre**

- Inadequate counselling and communication skills (14)
- Inadequate technical information (30)
- Lower levels of confidence (1)
- Other (2)

2.3.5 Partner follow-up when required for women seeking services for RTIs

Treatment of male partners of women suffering from reproductive tract infections is vital to reproductive health of women. MPWs from the gynaecology clinics at health posts were oriented to the importance of talking to men about treatment and preventive measures for RTIs. The MPWs were expected to visit men partners of women seeking treatment (if required and if women consented) at their homes. However proportion of partner treatment and visits is very small for the gynaecology clinics. Vacancies of the posts of MPWs in some health posts and disinterested MPWs in other health posts are responsible to a large extent. The MPWs also failed to identify strategies for increasing men's involvement.

Through the project's work with the MPWs it was noted that the MPWs did not feel comfortable talking about reproductive health issues with men. Exploration of the problem with members of the Men's Involvement Committee revealed need for efforts for building confidence, communication skills and technical knowledge of the MPWs to enable them to reach out to the partners of women seeking treatment for RTIs/ STIs. This area of work needs a lot more thought.

3. ACHIEVEMENTS AND LESSONS LEARNT

Discussion on the issue of men's involvement in women's reproductive health is still very young in the MCGM. Only a small proportion of MPWs has been introduced to the concepts of sexuality, gender and their importance to reproductive health. Change in the attitude of male health workers is essential for broadening the understanding of women's reproductive health issues and the importance of men's role in it. The experiences of the project in this regard are valuable for understanding the willingness and scope of interventions by male health workers. Interactions with MPWs and men from community have been informative and have contributed significantly in developing the perspective of the team members as well as the MPWs about men's involvement in women's reproductive health.

WCHP has demonstrated that men health workers in the Public Health System are a valuable resource for working with men on issues of reproductive health. When provided with an opportunity and a platform to share their ideas about increasing men's involvement, the MPWs came up with concrete suggestions. Recognising a need for a special training programme on sexual and reproductive health for adolescent boys, volunteering for the development of a training module, willingness to acquire newer skills for the development of the module as well as for improving the quality of work in the community, indicate the commitment of the MPWs.

Initial resistance to the training programmes subsided with gender sensitive male trainers who served as role models. The training programmes were more acceptable to MPWs when men-centred methodologies were used for gender training. This is a very important learning and has implications on sustainability of gender sensitisation activities with male health care workers.

Establishing forums such as the Men's Involvement Committee motivated the MPWs for discussion and implementation of various activities and prove to be an effective strategy.

Reluctance of the MPWs in the initial phases of the project to work with adult men from the community and their well thought out choice of working with adolescent boys through training workshops points towards the low self esteem and lack of confidence in addressing sensitive issues around sexuality and reproductive health. The fear of being ridiculed by men that was voiced during the initial interviews with MPWs was to some extent countered by a series of workshops and other activities systematically planned to develop knowledge and

skills of the male health care workers. MPWs repeatedly expressed satisfaction that the project chose to invest in them rather than expect them to fulfill certain tasks dictated by the project. It is also important to note that considerable time had to be invested to gain the trust of the MPWs and to encourage them to carry out various activities till they were convinced that the whole process was for their own development. Non-threatening environment at the WCHP was also appreciated by the members of MPC with whom the project worked closely.

Box 16 : Achievements

MPWs appreciated

- The workshops on sexuality, gender and health and communication skills
- Opportunity for acquiring technical information on reproductive health issues

Acknowledged

- Gain in confidence as a result of training workshops in conducting interactive health information sessions with men and adolescent boys

Took initiative for

- Developing a training module on reproductive and sexual health for adolescent boys

The workshops on sexuality, gender and health and communication skills were appreciated by the MPWs who realised importance of men's involvement in women's health. The MPWs also appreciated the opportunity for acquiring technical information on various health issues. MPWs reported that technical information along with facilitation skills boosted their confidence. Following workshops on conducting group sessions and when supported with adequate technical information, MPWs conducted interactive sessions on reproductive tract infections with adolescent boys and men in the community.

Box 17 : Usefulness of the project – one MPW's opinion

... I was happy to be a part of this project. Participation in workshops and discussions enabled me to discuss issues around sex and reproductive health without any hesitation.

.. Self study of books (provided by the project) added to my knowledge. ... The training workshop boosted my confidence. It enabled me to share the information that I received by being a part of this project with others in my area of work, with peers as well as with those elder to me...

... Stepping Stones workshop demonstrated a skilful way in which the sensitive topic of reproductive health can be discussed without hurting people's feelings...

... I came across a booklet in Marathi on AIDS brought out by MDACS. It was in an easy to read – easy to understand language. I gave this to my friends. I also sent one copy to my native place. ...

...The training workshop inspired me to reach out to those with minimal access to such information....

(From a writeup by a member of Module Preparation Committee)

MPWs trained in counselling skills started counselling men accompanying women to gynaecology OPD at a secondary hospital. Men, usually husbands of women seeking treatment from the gynaecology outpatient clinic seek help of the male counsellor for information needs or for counselling. Over the period of two years, 180 men have sought services at the counselling centre. The reasons for seeking counselling services were for decision-making related to MTP, contraceptive acceptance and infertility. The counselling centre thus serves the purpose of meeting the unmet information needs of men. This is a concrete example of men's role in women's reproductive and child health, which can be replicated elsewhere.

A group of MPWs and male CDOs (Module Preparation Committee) on their own initiative developed a training module on Sexual and Reproductive Health for adolescent boys. In addition to reading and brainstorming the MPWs also practised their facilitation skills by organising health education sessions with adolescent boys. The MPWs' efforts to upgrade their technical knowledge are admirable.

The Men's Involvement Committee formed by the project worked as a forum for MPWs to

brainstorm about strategies for increasing men's involvement in reproductive health and to review and comment on other activities of the project such as messages for men on RTIs and MTP in IEC material developed by the project.

Six MPWs and one CDO from wards other than the project wards expressed an interest in working on this issue and voluntarily joined the Men's Involvement Committee. Three MPWs and one CDO from wards other than the project wards volunteered to join the Module Preparation Committee and two MPWs formed and sustained one group each of adolescent boys in their respective field areas. Against the background of the initial resistance by employees' unions and MPWs, the desire expressed by the MPWs from non-project wards to join the MIC and MPC stand out sharply. Efforts by the project to ensure that the MPWs' work is acknowledged was appreciated by Union representatives.

Coordinators of the Counselling Skills Enhancement and Stepping Stones Workshops noted that the contributions of the members of MIC were significant. The members showed a more balanced attitude towards issues around gender and sexuality, were open to views, showed leadership qualities and demonstrated better communication skills in group discussions.

The MIC and training programmes provided opportunities for identifying gender sensitive male trainers from within the system. Compared with earlier experiences of the project, male gender trainers were more acceptable to MPWs. A pool of sensitised gender trainers will be a great asset for continuing the work with MPWs (Annex 4).

MPWs documented their experiences of the learning process and exposure to concepts such as gender, sexuality, and patriarchy. Some of these reflections were converted into articles and published in the periodical 'Samvaad'; a newsletter of WCHP. Members of the Module Preparation Committee took the initiative for documenting the proceedings of the meetings. The exercise sharpened the documentation skills of the MPWs.

The RCH programme emphasises importance of increasing men's involvement in women's reproductive health. However the training modules as well as policy documents for urban RCH do not provide any guidance for implementing such activities. Interaction with the MPWs through research and interventions gave the project insight into the potential of the MPWs. This helped the project gain clarity about the probable role of MPWs in the national Reproductive and Child Health programme. (For MPWs role in RCH – Annex 5).

4. CONSTRAINTS

In the initial phases of the project the MPWs felt threatened that activities initiated by WCHP would add to their already heavy schedule and this created tremendous resistance to the project activities. The employees' union opposed the training programmes of WCHP and hence the work with MPWs had to be postponed for almost three years. Valuable time was lost because of this.

In addition, the MPWs resisted the concept of gender and this caused additional problems in organising workshops for them. MPWs felt that traditional power relations were being questioned and failed to see the linkages between gender and reproductive health and the need for men to be sensitised to this issue. Non-availability of men trainers for conducting sessions on gender and sexuality added to the difficulties. Women trainers conducting sessions on gender and sexuality were not acceptable to MPWs in the initial stages. They were labelled as 'pro-women' and 'non-sympathetic towards men'. At the later stage however a female research officer co-ordinated the MIC and MPC activities and gained support and co-operation from the MPWs. MPWs did not object to her presence during the workshops on gender and reproductive health.

The MPWs also initially disliked and objected to the participatory nature of the training programme. Many MPWs in later stages appreciated the participatory methodology but some carry a strong dislike till date. The resistant group of MPWs created a negative peer pressure among the participants of workshops and slowed the initiative.

Transfers or promotions to departments other than Public Health Department forced MPWs to leave the group thus affecting the continuity of the process. Acute shortage of staff in the Public Health Department has resulted in almost 33% vacancies of all cadres at health posts. Norms for IPP-V allow two MPWs per health post. On an average there is one MPW per health post and in a number of health posts both the posts of MPWs are vacant. Poor image of the MPWs within the system has resulted in a non-sympathetic view of the work done by MPWs. The administrators do not express appreciation of the innovative initiatives by the MPWs as readily as expected. This lack of appreciation results in demotivation of the MPWs and in turn reinforcing their image as '*health workers with low motivation and those who shy away from responsibilities*'. The dynamics in the hierarchical system affect the motivation of MPWs working on innovative interventions.

Unclear about their role as male health care workers at community level, MPWs seek out

other avenues to obtain job satisfaction, for example, participating in the Street Play Group of the PHD. Other engagements such as Below Poverty Line Surveys, survey for issuing photo-passes for slum dwellers, cleanliness campaigns, as supervisors for anti-spitting drives etc. on the other hand affect the MPWs' dedication to their work as health care providers.

5. RECOMMENDATIONS

Lessons from WCHP have proved that with regular inputs in technical as well as social topics, male health care providers can effectively work with men in the context of reproductive health. A forum for MPWs should be created and sustained to maintain the efficiency and to provide continuous support.

When equipped with skills and knowledge, the male multipurpose workers are a strong link with the men in the community and therefore a valuable resource for working with men. Efforts should be made to ensure that skills required for working with men and boys on reproductive and sexual health are imparted to all men health care workers and are effectively utilised in their routine activities by initiating programmes with men on different health issues. Refresher training programmes should be organised to update these skills.

Administrators need to acknowledge the role of MPWs in the health care delivery system and identify avenues for them within the context of their prescribed role to develop and apply skills to enable them to reach out to as many men as possible.

RCH puts a strong emphasis on men's involvement in reproductive health. MPWs sensitised to the issues of gender, sexuality, socio-cultural aspects of reproductive health conditions can prove to be the crucial link between the public health services and men from the community. A clear role needs to be defined for the MPWs in implementation of RCH and feasible strategies need to be worked out for involving men in women's RH.

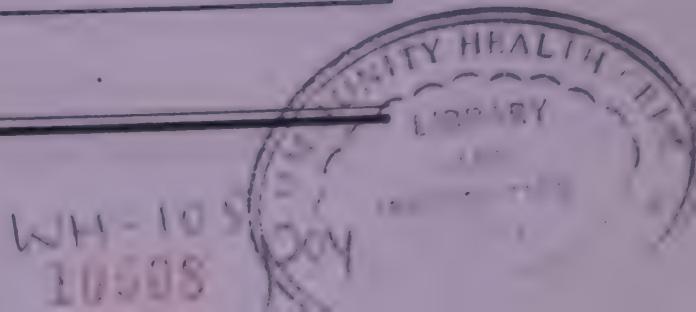
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Annex 1

Chronological listing of key activities related to men's involvement in reproductive health

Objectives	Participants	Main Learnings
1. Brainstorming meeting June 3, 1997 <i>Capacity building of WCHP team</i>		
• To discuss and formulate rationale for men's involvement in women's health and strategies for involving men	WCHP team	<p>Important reasons for involving men were noted as :</p> <ul style="list-style-type: none"> • Men are decision makers in the family • AIDS epidemic has shown that men have sex outside marriage leading to transmission of infections to wives • Men's sexual health problems should be addressed as they affect women's health
2. Feedback meeting with expert in qualitative research methods July 25, 1998 <i>Capacity building of WCHP team</i>		
• To obtain feedback on interviews with health care providers and community men	WCHP team Dr. Pelto	<ul style="list-style-type: none"> • Interviews to focus on health workers' interaction with men and on topics directly related to men's involvement. • In interviews with community men and women, the focus should be on husband's role. • Dr. Pelto suggested free listing of responses to find out what men generally do with respect to women's health and obstacles in way of husband accompanying woman to hospital
3. Workshop with MPWs, August 28 1998 <i>Research</i>		
• To find out the MPWs' opinion about men's involvement in women's health • To identify MPWs interested in participating in the exercise to study the existing situation with regards men's involvement in women's health	21 MPWs, WCHP team	<ul style="list-style-type: none"> • All participants agreed that involving men in women's reproductive health related activities is necessary • Strategies suggested at the workshop focused around contacting men at timings convenient to them and creating awareness among men about women's illnesses. • In secret voting, six MPWs expressed willingness to work with the Project
4. In-depth interviews with MPWs — 8 interviews March to September 1998 <i>Research</i>		
• To find out opportunities where the workers meet men during the course of their work	WCHP team	<ul style="list-style-type: none"> • Work hours of men and MPWs coincide therefore MPWs do not meet men • MPWs do not feel comfortable to discuss reproductive health issues • MPWs believed that men could be motivated to accept contraception through women • MPWs suggested that rapport could be established with men at party offices, community halls, immunisation camps • MPWs could work on holidays and at lunch hours to contact men.



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Objectives	Participants	Main Learnings
5. In-depth interviews with ANMs – 5 March to September 1998		
Research		
<ul style="list-style-type: none"> • To understand the nature of work • To explore ANMs' views about men's involvement in women's health • To find out problems with men's involvement • To obtain suggestions regarding strategies for involving men • To understand women's attitude towards family planning 	WCHP team	<ul style="list-style-type: none"> • Most of the ANMs felt the need to involve men and to give information about women's health. One of the ANMs feared that such information could give men control over women • ANMs talk to men only if their wives ask them to • Major problem with involving men is that men are not available at home during the duty hours of health workers • According to ANMs, efforts for involving men in women's health should start with schools and colleges. • Meetings should be organised in the community at timings convenient to men • Women do not want their husbands to undergo vasectomy as they perceive that vasectomy might affect masculinity.
6. In-depth interviews with CHVs – 5 March to September 1998		
Research		
<ul style="list-style-type: none"> • To understand nature of work of CHVs and to find out if they communicated with men in the community 	WCHP team	<ul style="list-style-type: none"> • CHVs generally do not talk to men as they are not at homes at the time of their visits. • Some men speak rudely with CHVs, some approach them for their wives' problems.
7. Focus group discussions with men (4) and women (6) March to August 1999		
Research		
<ul style="list-style-type: none"> • To explore awareness about the BMC health services — especially health posts and health care providers • To understand information needs • To demonstrate to IEC Core Committee members the process of developing IEC material in a participatory manner 	Members of IEC Core Committee, WCHP representatives	<ul style="list-style-type: none"> • Men would like to have information on gutkha, TB, menstrual disorders, anaemia among women, contraceptives and their side effects • Group meetings were preferred media for health information by both men and women • Men would prefer men and women would prefer women health educators • At present men feel excluded from the health care services. They would like male health workers to visit them at homes and to enquire after their health
8. Protocol for study on men's involvement in women's health		
June 1998, October 1999, March 2000 - Research		
<ul style="list-style-type: none"> • To understand nature and extent of husbands' involvement in health seeking and women's expectations from their husbands in terms of support during illness 	WCHP representatives	<p>Issues covered included:</p> <ul style="list-style-type: none"> • Men's and women's awareness about reproductive health • women's expectations from men and men's perceptions about women's expectations regarding 1) economic support, 2) physical support, 3) emotional support • Men's and women's perception of men's role and responsibilities in reproductive health

Objectives	Participants	Main Learnings
		<ul style="list-style-type: none"> Communication between husband and wife regarding reproductive health issues, decision making and negotiations Role of BMC health care providers regarding men's responsibilities in reproductive health Feelings about present RH event
9. Review of interviews of men and women from community by Dr. Bert Pelto March 2000 <i>Research</i>		
<ul style="list-style-type: none"> To obtain feedback on data gathered in order to revise the tools /technique for data collection and to seek guidance for using this data for meeting the Project objectives 	WCHP team	<ul style="list-style-type: none"> Dr. Pelto asked the team to focus on decision making as it is an unexplored area Data lacked descriptive aspect, for example terms like ; 'tension', 'worry' etc. used commonly by respondents were not explored Methodology for collecting such data was discussed
10. Study on understanding barriers in men's involvement in women's health : 40 men and 3 health care providers were interviewed November - December 2000 <i>Research</i>		
<ul style="list-style-type: none"> To find out difficulties / obstacles faced by the men accompanying women to the out patient clinic of the hospital To explore health care providers' views about involving men in 	WCHP team, student social workers placed with the project	<ul style="list-style-type: none"> Men accompany their wives when they foresee need for expenditure, when their consent is required as in case of surgery, when woman is not familiar with the setting and has traveled from far away places, or is unable to communicate with the health care providers due to language barrier Men perceive accompanying wives to the hospital to be their duty and do it as a token of care and support (this finding is corroborated by interviews of men and women in the community) Some of the men who accompany their wives to the hospital would like to be involved in the consultation process and to find out about their wives' conditions from the doctors. It is the attendant's experience that men entering into the consultation room cause discomfort to other women. Attendants think that doctors do not like men to be present in the consultation room and hence do not allow men to enter unless doctors ask for them Doctors feel that men cause embarrassment to other women but also see potential positive aspect in involving men in consultation process. According to doctors, men if involved would be able to help women comply with the advice and assume responsibility in family planning
11. FPAI workshop on Men and Sexuality November 8, 2000 <i>Capacity Building for MPWs</i>	13 MPWs from H/E ward, student social	<ul style="list-style-type: none"> Workshop can be an effective medium / method for initiating a discussion on issues around sexuality.

Objectives	Participants	Main Learnings
<ul style="list-style-type: none"> To enable participants to discuss sexuality issues with men in the community To enable participants to guide and refer men to appropriate centres for clinical help and information. 	workers placed with the Project,WCHP Representatives	<ul style="list-style-type: none"> It helped reduce inhibitions of the participants to some extent and made participants aware of their attitudes towards issues related to sexuality
12. Three workshops on sexuality and gender organised by Tathapi 2000 - 2001 <i>(March 26, 2000; April 27 - 29, 2001; August 9 -12,2001)</i> <i>Capacity building of WCHP team</i>		
<ul style="list-style-type: none"> To bridge the gaps in understanding of 'male sexuality'. To document concerns and resources represented by participants. To initiate a process for increasing pool of male facilitators. To develop a curriculum especially for boys and young men. To develop a more holistic and inclusive perspective on gender and masculinity. To seek out new strategies for interventions in the participants working context. 	4 WCHP representatives, 1 MPW	<ul style="list-style-type: none"> MPW reported that attending these training workshops convinced him of importance of working with men and boys on issues related to gender and sexuality Interpretations with those with experience of working with men and discussions clarified the concepts of gender, power partnership, sexuality, masculinity etc. Active participation in the workshops helped the MPW and a male representative of the workshop become facilitators for workshops on sexuality for men WCHP participated in the development of training module for boys and men.
13. Meeting with MPWs from G/N January 25,2001 <i>Research</i>		
<ul style="list-style-type: none"> To discuss experiences of MPWs and difficulties faced by them in working with men in the community To discuss role of MPWs in the RCH To inform them about the FPAI workshop 	MPWs from G/N, WCHP representatives	<ul style="list-style-type: none"> It is the MPWs' experience that women's response/involvement is much more than men as far as reproductive health is concerned Men lack knowledge about their own bodies and this contributes to their irresponsible sexual behaviour Some of the participants perceived it to be their duty to take care of the family. Most of the respondents helped their wives/mothers in household chores. Duty hours not being consistent with timings when men are at home was reported to be one of the major problems in men's involvement
14. Focus Group Discussions with ANMs, MPWs and with community men and women July-August,2001 - Research		
<ul style="list-style-type: none"> To understand health care providers' and women's knowledge, attitude, and practice regarding ANC To produce gender sensitive IEC material on ANC 	ANMs,MPWs from G/N, H/E men and women from health posts from G/N and H/E	<ul style="list-style-type: none"> Health providers' knowledge regarding ANC and role of men is limited so first step is to sensitise them Gender norms prevailing in the society do not allow men's participation in women's health. Gender roles are fixed in the minds of women There is need to generate an IEC material which will bring gender sensitivity among men and women

Objectives	Participants	Main Learnings
15. Workshop on 'Men's Sexuality and Constructions of male identity' organised by Tathapi Trust August 9-12,2001 <i>Capacity building of WCHP team</i>		
<ul style="list-style-type: none"> • To share experiences and insights of WCHP with other NGOs • To understand concepts like 'power' and 'change' • Build basic common perspective to work with men 	WCHP representatives People from NGOs from all over India	<ul style="list-style-type: none"> • Words like man, woman, sex, gender reflect prevalent social nations and images that influence construction of gender • How 'sexuality' is socially constructed and biological aspects of sexuality' • How masculinity is socially constructed • What is power and power relations in society
16. Workshop on 'Sexuality' September 6-8,2001 <i>Capacity Building for MPWs</i>		
<ul style="list-style-type: none"> • To sensitise MPWs regarding different aspects of 'Sexuality' • To feel them ease in talking on 'sexuality' with community men 	10 MPWs from G/N ward and 1 MPW from H/E ward WCHP representatives	<ul style="list-style-type: none"> • Sexuality is governed by one's attitude towards sex and not only to 'reproduction'. • Workshop provided a forum for discussion regarding sexual behaviour and act. • Issues related to sexuality are important for counselling. Use of case-studies as basis for discussion was appreciated by participants. • Religion, caste, play important role in use of family planning methods
17. Two Workshops on Sexuality conducted by IWID September 3 -7, 2001; February 5-8,2002 <i>Capacity building of WCHP team</i>		
<ul style="list-style-type: none"> • To clarify understanding of concepts of gender, patriarchy and masculinity. • To examine one's own position in the context of gender, patriarchy and masculinity and to plan for self change • To understand relevance of concepts of gender, patriarchy and masculinity in the context of work place environment and initiate the process for change • To understand the concepts of sexuality and to explore one's own sexuality • To explore the relationship between and politics of sexuality and masculinity. • To enhance understanding on sexuality and relations. • To sensitise men towards men's involvement in preventing violence against women. 	WCHP representatives	<ul style="list-style-type: none"> • Power inequalities exist in all sections of life. • Decentralisation of power is essential for use of power for the wellbeing of people. People can be positive (for people) and negative (against people). • Social differences between men and women should be explored from various perspectives.
18. Workshop on 'Gender and Health' Organised by WOHTTRAC, February 12-27 2002 - Capacity building for WCHP team		
<ul style="list-style-type: none"> • Staff handling 'Men's Involvement' activities should understand concept of gender sensitive research policies and programmes and plan gender sensitive 	Research Coordinator, Research Officer	<ul style="list-style-type: none"> • Social issues cannot be dealt with justice in isolation of gender perspective • The course gave a new vision which can be applied in future activities, health interventions

Objectives	Participants	Main Learnings
19. Workshop on 'Gender and Health' March 11-15, 2002 Capacity Building for MPWs		
<ul style="list-style-type: none"> To gain clarity on concepts of 'Gender', and 'Reproductive health' To understand the linkages between 'gender and health' and its differential impact on men and women 	26 MPWs3 CDOsWCHP Representatives	<ul style="list-style-type: none"> The pre-post exercise showed positive change in MPWs' knowledge, attitude, beliefs regarding linkages between gender and reproductive health. Importance of community involvement and partnership was emphasised.
20. Follow up visit by Satish Singh (gender trainer, resource person for gender and health workshops for MPWs) from Sahyog May 17-20, 2002		
<ul style="list-style-type: none"> Follow up 'Gender and Health' workshop Understand MPWs' problems at their workplace Encourage and guide them for undertaking activities with men and adolescent boys 	MPWs from H/East, G/North, and K/East wards	<ul style="list-style-type: none"> One MPW shared his experience with an adolescent boy and expressed the need to start up work with adolescent boys Feeling of powerlessness because of ad-hoc duties given to them, difficulties in meeting men in the community were expressed by MPWs
21. Meeting with Satish Singh (gender trainer, resource person for gender and health workshops for MPWs) from Sahyog May 20, 2002 - Capacity building for WCHP team		
<ul style="list-style-type: none"> To share experiences of Sahyog on working with boys To develop broad outline of the training on To identify important steps for developing curriculum to work with adolescent boys 	WCHP team and Satish Singh	<ul style="list-style-type: none"> MPWs s to do case studies of men and boys to explore their knowledge about reproductive health problems and beliefs about gender roles etc. These will be used for identifying information needs that could be addressed through training module MPWs need clarity in concepts for e.g. on sexuality still gender norms prevalent in their mind Gender, Power, Health, Masculinity, Role of Media in Sexuality, etc. were some of the topics suggested by Satish (resource person for the proposed workshop)
22. Group Discussion with adolescent boys June 6, 2002 Research		
<ul style="list-style-type: none"> To understand information needs, anxieties of adolescent boys about sex etc. To identify participants for case studies To demonstrate the steps for doing case studies to MPWs 	10 adolescent boys between age group of 15-19WCHP Representative	<ul style="list-style-type: none"> To build rapport with group atleast 2 sittings are needed Boys have lot of information to share like their aspirations, what is mean by love, changes in body, etc.
23. FGDs on MTP with MPWs September 5 - 9, 2002 Capacity building for MPWs		
<ul style="list-style-type: none"> To prepare MPWs to facilitate FGDs on MTP To refresh skills acquired by MPWs in workshops on facilitation skills 	<ul style="list-style-type: none"> MPWs from H/E, G/N and K/E, student social workers,WCHP Representatives 	<ul style="list-style-type: none"> MPWs need information on technical aspects of MTP/MPWs need practice for conducting FGDs with men in the community

Objectives	Participants	Main Learnings
24. Workshop on 'Trainer Effectiveness' organised by Abhivyakti, September 28 - October 4, 2002 - Capacity building for WCHP team		
<ul style="list-style-type: none"> To learn different methodologies used for training How to plan, organise and conduct workshop Role of trainee in facility workshop, 	Research Officer	<ul style="list-style-type: none"> Need assessment is must before planning training Training should be designed as per participants' needs Choice of method depends on content, objective of the session Evaluation and follow up training is must for a good trainer
25. 'Gender and Health' and Facilitation Workshop December 17-20-2002 Capacity Building for MPWs		
<ul style="list-style-type: none"> To understand difference between sex and gender and gender based discrimination To learn skills and develop existing skills of participants 	14 MPWs 5 Doctors (RCH key trainers) 1 CDO/WCHP Representatives	<ul style="list-style-type: none"> Issues related to gender, patriarchy, and gender based discrimination are evident in day-to-day life.
26. Theatre Forum December 21, 2002 Capacity Building for MPW		
<ul style="list-style-type: none"> To demonstrate the medium of interactive theatre ('Theatre Forum') 	30 MPWs 4 CDOs 5 Social Work Students WCHP Representatives	<ul style="list-style-type: none"> Importance of facilitation skills in conducting Theatre Forum Streetplays (non interactive) theatre can give information but interactive theatre can provide information and create awareness
27. Group discussion with adolescent boys on MTP December 2002 Research		
<ul style="list-style-type: none"> To explore knowledge of men about MTP 	Group of community men, WCHP Representatives	<ul style="list-style-type: none"> Group had knowledge about when MTP was advised, most of this was from their own experiences or from experiences of those in the immediate family None of the men whose wives had MTP had received any information from health care providers None of the members in the group could tell how MTP was done Seriousness and potential danger to a woman's life because of MTP was undermined, "... so many women get it done, it must be alright to do it."
28. Health Education session on MTP December 2002 Capacity building for MPWs		
<ul style="list-style-type: none"> To give information on MTP 	Doctor (RCH Key trainer) Group of community men, WCHP Representatives	<ul style="list-style-type: none"> Men and adolescent boys appreciated information on MTP Some men preferred to clarify their doubts privately (away from group)
29. Publication of 'Samvad' December 2002 Capacity building for MPWs		
<ul style="list-style-type: none"> To encourage the MPWs to document their experiences about activities related to men's involvement in reproductive health 	4 MPWs	<ul style="list-style-type: none"> Writing skills that some MPWs have can be effectively used for the purpose of documentation

Objectives	Participants	Main Learnings
<ul style="list-style-type: none"> To share experiences of the MPWs and WCHP about working with men and adolescent boys on issues related to reproductive health. 		
30. Demonstration of 'Mahiticha Bagicha', January 17, 2003 <i>Capacity building for MPWs</i>		
<ul style="list-style-type: none"> To discuss reproductive tract infections and sexual problems with adolescent boys. To practice facilitation skills of MPWs 	Student social workers, MPW, Adolescent boys	<ul style="list-style-type: none"> Adolescent boys lack knowledge regarding reproductive organs and their functions Adolescent boys share their anxiety related to 'sex' in peer They would like male health workers to talk to them to understand their information needs and to provide information and guidance to them
31. FGD with adolescent boys at Squatters Colony January 18, 2003 <i>Capacity building for MPWs</i>		
<ul style="list-style-type: none"> To document information needs of adolescent boys To build rapport to develop a group for further interventions To select boys for case study 	11 boys from Squatters Colony Health Post area MPW-1WCHP Representative	<ul style="list-style-type: none"> Adolescent boys have a number of questions related to sex and sexuality Adolescent boys need information on HIV/ AIDS, sexually transmitted diseases (STDs) and reproductive tract infections (RTIs) Gender norms are fixed in boys' mind
32. Stepping Stones Workshop January 27 - February 1; 2003 <i>Capacity Building for MPWs</i>		
<ul style="list-style-type: none"> To develop skills of MPWs as trainers for discussion on issues related to gender, sexuality and prevention of HIV/AIDS 	13 MPWs, 10 ANMs, 6 PHNs ,4 CDOs 1 FTMO 1 CHV/WCHP Representatives	<ul style="list-style-type: none"> Learnt skills for discussing issues around sex, sexuality and gender
33. Workshop to prepare module to work with men organised by Tathapi, February 13 - 14, 2003 - <i>Capacity building for WCHP team</i>		
<ul style="list-style-type: none"> Preparing men to work with men across life stages and roles on issues of gender and sexuality, health based on rights approach 	Representatives from Tathapi Sahyog Eklavya SAHAJ WCHP	<ul style="list-style-type: none"> To prepare a module for Training Of Male Trainers The module will be used to change attitude of participants We want to make it from perspective of reinforcing Equality, Diversity, Justice, Gender equality and against violence This process helped even in preparing module to work with adolescent boys. It was a learning process
34. Counselling Workshop April 21 - 24, 2003 <i>Capacity Building for MPWs</i>		
<ul style="list-style-type: none"> To orient the participants to the skills and technique of counselling. 	11 ANMs, 4 MPWs, WCHP Representatives	<ul style="list-style-type: none"> When provided with adequate inputs MPWs can play an important role in meeting the information and counselling needs of men.

Annex 2

Men's Involvement Committee Meetings

Members

- Multi-purpose Workers and Community Development Officers from H/E, G/N and K/E wards

Objective

- To provide a forum to discuss strategies for increasing men's involvement in reproductive health

Number of meetings

- 14 over a period three years (2000 - 2002)

Average duration of meetings

- 3 hours

Key activities/ Agenda for the meeting

- To discuss role of male Multi-purpose Workers (MPWs) in the National Programme for Reproductive and Child Health (RCH)
- To discuss experiences of and difficulties faced by MPWs in working with men in the community
- To discuss an article on a Kenyan study on barriers to men's involvement in women's health seeking for obstetric condition
- To inform the MPWs about the FPAI workshop, documenting expectations from the workshop
- Sharing information from focus group discussions with men from community on Ante-natal Care
- Discussion on difficulties faced by the MPWs in demonstration of '*Mahiticha Bagicha*' with groups of men from the community
- Presentation of discussion at the workshop on Gender and Masculinity conducted by IWID, Mumbai
- Presenting MPWs' problems to the 'Support Group' for Quality Assurance formed by WCHP
- Sharing evaluation of workshop on Gender and Health
- Discussion on guidelines for case studies with adolescent boys
- Discussion on MPWs' role in Gynaecology out patient clinics at health posts
- Sharing of experiences of AIDS Cell, and their work with street children by a CDO/ animator from AIDS Cell of MCGM
- Article for *Samvaad: Men's Involvement, Special Issue*

- Expectations from 'Facilitation Skill's Workshop'
- Sharing pre-post evaluation of 'Facilitation skills workshop'
- Sharing participants' experiences of conducting case history with adolescent boys
- Formation of 'Module Preparation Committee' that would develop a training module for adolescent boys on sexual and reproductive health)
- Discussion on draft of RTI pamphlet and obtaining feedback on the same

Key Issues / Learnings

- Giving information to men about reproductive health issues of women was perceived to be one of the ways of involving men in women's health
- Inability to contact men during the work hours was seen to be the largest obstacle in reaching men, MPWs held 'duty hours of 9 to 5' responsible for this
- Men lack knowledge about their own bodies and this contributes to their irresponsible sexual behaviour
- Duty hours not being consistent with timings when men are at home was reported to be one of the major problems in men's involvement
- Participants showed willingness in conducting health education session on Antenatal Care and participate in the process of IEC material development on ANC
- It would be useful to conduct 'Body mapping' before conducting '*Mahiticha Bagicha*' demonstration
- MPWs felt the need for knowledge to enable the MPWs respond to questions regarding HIV/AIDS/STD which men from the community raised
- MPWs expressed the need to have models of male/female organs to facilitate discussion on reproductive health
- MPWs were skeptical that groups of men could be organised with whom series of sessions on relevant topics could be conducted. MPWs felt that men would be reluctant to attend multiple sessions organised to discuss reproductive health.
- MPWs did not feel comfortable talking to groups of men about reproductive health issues. They expressed need for inputs to develop technical knowledge about the issues as well as relevant skills for conducting group sessions.
- MPWs expressed the need to acquire knowledge on Sexuality, HIV/AIDS etc. Such knowledge would help them discuss reproductive and sexual health issues with adolescent boys.
- Members of the Module Preparation Committee suggested that the Project should provide relevant reading material to them.
- Feedback on RTI pamphlet was analytical and useful.
- Feedback on MTP pamphlet helped in finalisation of pamphlet.

Annex 3

Module Preparation Committee Meetings

Members

- Four MPWs, Two CDOs and WCHP representative

Objective

- To brainstorm about content and structure of module on sexual and reproductive health to be developed for out-of-school adolescent boys
- To develop the module

Number of Meetings

- 15 over a period of six months (November 2002 - April 2003)

Average Duration of Meetings

- 3 hours

Key Activities / Agenda for Meeting

- Experiences related to organising a group of out-of-school adolescent boys, and a series of discussions with them to elicit information needs.
- Review of reference material, discussion and finalisation of contents of the module.
- Presentation of the contents of the module to a group of experts and peers for review of content and methodology.

Skill building of MPWs

- Needs assessment using two way discussion.
- Review of reference material
- Summarising and presenting information

Annex 4

Investment in Human Resources

Information on training inputs related to men's involvement in reproductive health to various health care providers is presented here with the hope that this would be a ready source of resource persons for the MCGM. WCHP believes that all of those listed here would be assets to the MCGM in its efforts for shaping role of male health workers in reproductive health and in developing strategies to reach out to men and adolescent boys.

Name	Post	Activities / Responsibilities
H/E ward		
Dr. Ranjana Mitra	AMO	<ul style="list-style-type: none">• Member of Men's Involvement Committee
Varsha Joshi	CDO	<ul style="list-style-type: none">• Attended 'Gender and Health' workshop
Nitin Pawar	MPW	<ul style="list-style-type: none">• Attended 'Counselling' workshop• Counselling male partners of women who sought services at gynaecology OPD of a municipal secondary hospital• Attended 'Gender and Health, and Facilitation Skills' workshop• Attended workshop on 'Sexuality'
Vilas Rane	MPW	<ul style="list-style-type: none">• Attended 'Gender and Health' workshop• Attended 'Counselling' workshop• Counselling male partners of women who sought services at gynaecology OPD of a municipal secondary hospital• Attended 'Gender and Health, and Facilitation Skills' workshop• Attended workshop on 'Sexuality'
Shailendra Deshmukh	MPW	<ul style="list-style-type: none">• Attended 'Gender and Health' workshop• Attended 'Gender and Health, and Facilitation Skills' workshop• Attended workshop on 'Sexuality'
Prasad Toraskar	MPW	<ul style="list-style-type: none">• Attended workshop on 'Male sexuality and construction of male identity'• Attended workshop on 'Gender' organised by an NGO• Attended 'Gender and Health' workshop• Attended 'Counselling' workshop• Conducted FGD with adolescent boys, developed four case studies with adolescent boys• Attended Stepping Stones workshop• Conducted focus group discussion on MTP with MPWs from H/E ward• Active member of Men's Involvement Committee

Name	Post	Activities / Responsibilities
		<ul style="list-style-type: none"> • Contributed for 'Samvaad' (newsletter published by WCHP) • Attended workshop on 'Sexuality'
Pradip Roy	MPW	<ul style="list-style-type: none"> • Attended workshop on 'Gender and Health' workshop • Attended workshop on 'Counselling' workshop • Counselling male partners of women who sought services at gynaecology OPD of a municipal secondary hospital • Attended 'Gender and Health, and Facilitation Skills' workshop • Attended workshop on 'Sexuality'
Pradip Salve	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop • Attended 'Counselling' workshop • Counselling male partners of women who sought services at gynaecology OPD of a municipal secondary hospital • Attended 'Stepping Stone workshop' • Attended workshop on 'Sexuality'
Nasiruddin Sheikh	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop • Attended 'Counselling' workshop
Vishnu Bhagat	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop
Sanjay Khedkar	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop • Attended 'Counselling' workshop • Counselling male partners of women who sought services at gynaecology OPD of a municipal secondary hospital • Attended 'Gender and Health, and Facilitation Skills' workshop • Member of Men's Involvement Committee • Attended workshop on 'Sexuality'
Vinayak Borkar	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop • Attended 'Gender and Health, and Facilitation Skills' workshop • Member of Men's Involvement Committee • Attended 'Stepping Stone workshop' • Contribution for 'Samvaad' (a newsletter published by WCHP) • Attended workshop on 'Sexuality'
Mangesh Khedekar	MPW	<ul style="list-style-type: none"> • Attended 'Gender and Health' workshop • Attended workshop on 'Theatre Forum'

Name	Post	Activities / Responsibilities
Shrawan Jadhav	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
Mahendra Kamble	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended 'Counciling' workshop Counselled male partners of women who sought treatment at gynaecology OPD of a municipal secondary hospital Attended 'Gender and Health, and Facilitation Skills workshop' Attended workshop on 'Sexuality'
G/N ward		
Satish Sonegaonkar	CDO	<ul style="list-style-type: none"> Attended a workshop on 'Gender' organised by an NGO Attended 'Gender and Health' workshop Attended 'Stepping Stones' Workshop and was a key trainer Editor of '<i>Samvaad</i>' (a news letter published by WCHP) Training on 'Facilitation skills' Training on 'Theatre Forum' Training on 'Sexuality' Conducted participatory health information sessions of '<i>Mahiticha Bagicha</i>' with community men and adolescent boys Member of Men's Involvement Committee
Dinesh Rokde	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
Sushil Patil	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills'
Rajesh Pagare	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Active member of Men's Involvement Committee Active member of Module Preparation Committee' (MPC) Attended workshop on 'Sexuality' Conducted participatory health information sessions of '<i>Mahiticha Bagicha</i>' with community men and adolescent boys
Rajan Parab	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Sexuality'

Name	Post	Activities / Responsibilities
Sanjay Nimbalkar	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Attended 'Counselling' workshop Counselled male partners of women who sought services at gynaecology OPD of a municipal secondary hospital
Rajendra Bhongale	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Facilitation Skills'
Abhayraj Yadav	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended 'Counselling' workshop Counselled male partners of women who sought services at gynaecology OPD of a municipal secondary hospital Attended 'Facilitation Skills workshop' Attended workshop on 'Sexuality'
Prasanna Pangerkar	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Attended workshop on 'Sexuality'
Devendra Makwana	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
Deepak Rathod	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
K/E ward		
Ashok Ramteke	CDO	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Active member of Module Preparation Committee Active member of Men's Involvement Committee Conducted participatory health information sessions of '<i>Mahiticha Bagicha</i>' with community men and adolescent boys
Dilip Devarkar	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Facilitation Skills' Member of Men's Involvement Committee Attended 'Counselling' workshop Counselled male partners of women who sought services at gynaecology OPD of a municipal secondary hospital

Name	Post	Activities / Responsibilities
Siddhartha Gamre	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
Tushar Patkar	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
Shivram Mirlekar	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Member of Men's Involvement Committee Member of Module Preparation Committee Attended 'Counselling' workshop Counselled male partners of women who sought services at the gynaecology OPD of a municipal secondary hospital Contributed to 'Samvaad' (a newsletter published by WCHP) Attended 'Stepping Stones Workshop' Conducted focus group discussion on MTP with community men Conducted focus group discussion with adolescent boys
Sunil Kambli	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Member of Men's Involvement Committee Member of Module Preparation Committee Contributed to 'Samvaad' (a Marathi newsletter published by WCHP) Attended 'Stepping Stones Workshop' Conducted focus group discussion on MTP with community men Conducted focus group discussion with adolescent boys
Prakash Merchande	MPW	<ul style="list-style-type: none"> Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills' Active member of Module Preparation Committee Active member of Men's Involvement Committee Attended 'Stepping Stones Workshop'
Santosh Kulkarni	MPW	<ul style="list-style-type: none"> Attended workshop on 'Theatre Forum' Attended workshop on 'Gender and Health, and Facilitation Skills'

Name	Post	Activities / Responsibilities
Milind Desai	MPW	<ul style="list-style-type: none"> Attended workshop on 'Theatre Forum'
Anant Jadhav	MPW	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop
P/N ward		
Prakash Thorat	CDO	<ul style="list-style-type: none"> Attended 'Gender and Health, and Facilitation Skills' workshop Attended workshop on 'Theatre Forum' Active member of Module Preparation Committee' Active member of Men's Involvement Committee Trainer for 'Stepping Stones Workshop's
Atul Kulkarni	MPW	<ul style="list-style-type: none"> Attended 'Stepping stones Workshop'
H/W ward		
Bhagwan Vathore	CDO	<ul style="list-style-type: none"> Attended 'Gender and Health' workshop Attended workshop on 'Theatre Forum' Attended 'Stepping Stones Workshop'

Annex 5

Services provided through health posts	Role of MPWs (Proposed specific activities with men)
1. Ante natal care	<ul style="list-style-type: none"> • Conducting health information sessions for husbands of women registered for ANC at the health post • Health information sessions in the community on men's role in ANC • Counselling to husbands if required
2. Post natal care	<ul style="list-style-type: none"> • Conducting health information sessions for husbands of women registered for PNC at the health post • Health information sessions in the community on men's role in woman's care after delivery • Husband's role in child care • Counselling to husbands if required
3. Family planning	<ul style="list-style-type: none"> • Conducting interactive health information sessions with adolescent boys and men from the community to discuss conception, effects of repeated pregnancies on a woman's body, gender, various contraceptives available for men and women, advantages and disadvantages of each method
4. Treatment of RTIs / STIs	<ul style="list-style-type: none"> • Health information sessions with men and adolescent boys about causes, symptoms, effects and treatment of RTIs / STIs, importance of partner treatment even in cases of RTIs, responsible sexual behaviour • Counselling to male partners of women seeking treatment at health post only with the woman's consent • Counselling to men and adolescent boys seeking services for RTIs / STIs
5. Infertility	<ul style="list-style-type: none"> • Health information and counselling to male partners of women seeking services for infertility to discuss conception, causes of infertility, importance of treatment of both partners, importance of investigations advised for male partner
6. Child health – including immunisation	<ul style="list-style-type: none"> • Information sessions with men and adolescent boys on men's role in child care • Gender and child care
7. Safe abortion – referral, counselling and follow up	<ul style="list-style-type: none"> • Information to men in community and to male partners of women seeking MTP on conception, methods of MTP, effect of MTP on woman's body, contraception and men's role

Services provided through health posts	Role of MPWs (Proposed specific activities with men)
	<ul style="list-style-type: none"> • Counselling to men partners of women seeking MTP.
8. Revised National Tuberculosis Control Programme	<ul style="list-style-type: none"> • Organising group information sessions in the community • Conduct interactive sessions on gender and TB with men and adolescent boys • Discuss men's role in women's treatment seeking and compliance
9. Disease surveillance	<ul style="list-style-type: none"> • Generate awareness among the adolescent boys and men about signs and symptoms of various diseases and importance of early diagnosis and treatment • Men's role in women's treatment seeking and compliance • Gender and diseases (effect of diseases on men and women)
10. Health education for prevention and counselling for HIV / AIDS	<ul style="list-style-type: none"> • Interactive information sessions with men and adolescent boys in the community • Role of men in responsible sexual behaviour • Gender and HIV / AIDS • Counselling to adolescent boys, men, husbands of women affected with HIV/AIDS and appropriate referral
11. Awareness for detection of leprosy under National Leprosy Eradication Programme	<ul style="list-style-type: none"> •
12. Pulse Polio immunisation	<ul style="list-style-type: none"> • Men's role in child rearing • Gender and immunisation
13. Adolescent girls' health programme	<ul style="list-style-type: none"> • Conduct or assist FTMO / PHN to conduct parents' meetings for explaining importance of such training Programme
14. Reproductive and Child health Programme	<ul style="list-style-type: none"> • Information sessions with men and adolescent boys about reproductive health conditions and need for men to seek treatment • Partner follow up in case of RTIs if women consent for it • Responsible reproductive and sexual behaviour • Sensitising men to changing health needs of women at different stages of reproductive life and men's role in
15. Other ad-hoc programmes	<ul style="list-style-type: none"> •
16. Implementation of all National Health Programmes	<ul style="list-style-type: none"> •

ARTICLE FROM SAMVAAD

Chakravyuh (A True story)

I have known Kumar since I was 15 years old. Kumar who mixed among girls, played with girls and gesticulated like girls. People in the community and surrounding area knew about Kumar and over a period Kumar was labelled 'effeminate'. A label that marred his life and drove him to depression. Kumar wandered in the maze of life as he searched for his identity – identity that he could never find. Many looked down on his 'effeminate' being, some exploited him for what he was. Here I have tried to portray Kumar I knew.

Kumar was fair, round faced with silky hair, with a body of a 'man'. As a child Kumar played for hours with his older sisters' make-up. He experimented with powder and lipstick. Pleased with himself, he would stare at his reflection for hours on. He started imitating girls, their voices and body language. Initially his family enjoyed his 'games' and called him 'Kusum' (a girl's name). It pleased Kumar.

Kumar was growing up. He had facial hair, his voice deepened, his body showed all signs of an adult man. He still preferred to be among girls than with boys his age. He read women's magazines, felt shy to mix with other men. This worried his parents. A number of doctors were consulted. The conclusion was the same, 'Kumar will not change' they all said.

Kumar was good at studies. In college, girls sought him out. Some girls clearly showed that they were attracted to his 'maleness'. Kumar realised that they were attracted towards his male body and that deeply hurt him. He started alienating himself from those girls. He now hated girls. Kumar was lonely.

One of his understanding female friends gave him emotional support. As they studied together she tried hard to erase the 'effeminate' stamp that stuck to Kumar. Two years passed. This girl loved Kumar and asked him to marry her. Kumar took three years to make the decision. Meanwhile both completed their education and found employment. They had a traditional Hindu marriage. But Kumar was not happy with his wife. He had not gotten over his childhood habits. This caused friction between the couple. It resulted in a divorce. Today, Kumar regrets happenings of the past. Kumar has a good job. He had an opportunity to have a family. But he is unable to enjoy his life.

Looking back at his life, Kumar feels sad about the way his parents, his neighbours, friends treated him. He often thinks of committing suicide. He also admits that he does not have courage to take his own life. He has no plans for future. He has decided to continue living as 'he was destined to live'. Tears behind his smile, his helplessness and apathy convey Kumar's acceptance of the defeat in the battle of life.

There are many men like Kumar. Living in their own world. The Kumars caught in the tussle of 'man or woman' are haunted by another question, 'to live or not to live'.

(All names are changed.)

Shivram Mirlekar (MPW)

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